

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

2020 MAY 28 AM 9: 52

of Massachusetts	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: 01/0	701/2020 Ending Date: 05/29/2020
	# 1 Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Type of Report: (Check one)	
8th day preceding preliminary Sth day preceding election	30 day after election year-end report dissolution
Janice A Weber	Janice Weber for Town Clerk
Candidate Full Name (if applicable)	Committee Name
Arlington Town Clerk	Bonnie M Hayner  Name of Committee Treasurer
Office Sought and District 29 Crescent Hill Rd Arlington MA 02474	29 Crescent Hill Rd Arlington MA 02474
Residential Address	Committee Mailing Address
E-mail: weberforclerk@gmail.com	E-mail: weberforclerk@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1)	8,559.91
Line 3: Subtotal (line 1 plus line 2)	8,559.91
Line 4: Total expenditures this period (page 5, li	line 14) 5,741.31
Line 5: Ending Balance (line 3 minus line 4)	2,776.6
Line 6: Total in-kind contributions this period (p	(page 6) 50
Line 7: Total (all) outstanding liabilities (page 7	7) 500
Line 8: Name of bank(s) used: Watertown Saving	ngs Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	and contaminate and hapithes for this teleprinal being my represent the application.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Y	box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign full in accordance with the requirements of M.G.L. c. 55. I have not received any contributionting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Jassice 4. Web	bar (Candidate's signature) Date: 5 /28/203

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. I	Please include your committee name and a pa	ge number on eac	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jan 27, 2020	Ruth J Begley; 34 Hancock St Arlington MA 02474	150	
Feb 20, 2020	M. Sandra Buck;28 Forest St;Arlington MA 02476	100	
Feb 22, 2020	Frederick Buckley;38 Pine St;Arlington MA 02474	100	
Feb 25, 2020	Sharyn Burdge;37 Winterberry Way; Bedford, MA 01730	100	2020
Feb 22, 2020	Frank J Ciano;65 Woodside En;Arlington MA 02474	100	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Mar 5, 2020	Brian J Connor;54 Claremont Ave;Arlington MA 02476	100	99.5
Feb 22, 2020	David C Crimmings;41 Gorham St;Arlington MA 02474	150	
Feb 22, 2020	Regina M Davidson;82 Beacon St;Arlington MA 02474	200	Retired
Feb 22, 2020	Alfred M Devito;1145 Mass Ave;Arlington MA 02476	150	
Feb 17, 2020	Peter Gentile;142 Renfrew St;Arlington MA 02476	100	
Mar 6, 2020	Stephen Gilligan;46 Parklawn Rd;W Roxbury MA 02132	100	
Jan 28, 2020	Anne Hare;54 Swan Rd;Winchester MA 01890	100	
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jan 22, 2020	Teresa M Harrington; 1582 SE Tidewater PL; Stuart FL 34997	200	
Feb 22, 2020	Richard Jones;225 Pheasant Ave;Arlington MA 02474	100	
Feb 22, 2020	Louise Judd;140 Robbins Rd;Arlington MA 02476	100	•
Feb 8, 2020	Julianne Kelly;78 Summer St # 1;Arlington MA 02474	100	
Mar 19, 2020	Philip Lohnes;22 Bartlett Ave;Arlington MA	1,000	Senior Director of Finance and HR, Nantero Inc
Mar 19, 2020	Paul Lohnes;29 Crescent Hill Ave;Arlinton MA 02476	1,000	self employed
Feb 24, 2020	Eugene Lucarelli;30 Mill St #333;Arlington MA 02474	100	
Jan 22, 2020	Stephanie L Lucarelli;20 Laurel St;Arlington MA 02474	100	
Feb 22, 2020	Paul L Parise;106 Hemlock St;Arlington MA 02474	100	2020
Feb 22, 2020	Jo Anne Preston;42 Mystic Lake Dr; Arlington MA 02474	75	**** TY
Feb 21, 2020	Robert Radochia;45 Columbia Rd;Arlington MA 02474	75	Pri Transition Con 1920
Jan 30, 2020	Corinne M Rainville;745 Summer St; Arlington MA 02474	100	
Mar 19, 2020	Mary E Ruddy;22 Bartlett Ave;Arlington MA	1,000	Vice President, Gartner Research
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
1	RECEIPTS IN THE PERIOD		Enter on page 1, line 2  lld include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
	Michael Ruderman; 9 Alton St; Arlington MA	174.51			
Feb 4, 2020	02474	1/4.51			
Feb 22, 2020	Rita B Supprise;71 Webster St;Arlington MA 02474	150			
Feb 20, 2020	Robert L Tosi Jr;14 Inverness Rd;Arlington MA 02476	100			
And Administration of the Control of					
May 20, 2020	Michele Wall;75 Brownfield Drive; Bridgewater, MA 02324	100			
Feb 23, 2020	Janice Weber; 29 Crescent Hill Ave; Arlington, MA 02474	500	Loan; Candidate, Assistant Town Clerk, Arlington		
Feb 23, 2020	Richard Weber;173 Smithbridge Rd ;Glen Mills PA 19342	100			
Feb 22, 2020	Scott Weber;2 Shepherd Rd; Westborough MA 01581	100			
Feb 22, 2020	Patricia Worden;27 Jason St;Arlington MA 02476	100	2020 H		
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			9. 9. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
		6.024.51			
Line 9: Total Receipts over \$50 (or listed above) 6,824.51					
Line 10: Total Receipts \$50 and under* (not listed above) 1,735			<u>1</u> 1		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	8,559.51	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Faid	(aiphabetical fisting)	TAGET COS			
Feb 5, 2020	Connolly Printing	178 Gill St Woburn MA 01801	100 Signs / 500 Business Cards	579.56	
Feb 22, 2020	Market Basket	43 Middlesex Turnpike Burlington MA 01803	Food for Kickoff	165.85	
Feb 22, 2020	Knights of Columbus, #109	15 Winslow St, Arlington MA 02474	Hall for Kickoff	350	
Feb 22, 2020	Connolly Printing	178 Gill St Woburn MA 01810	2000 Dear Friend Cards	366.56	
Feb 22, 2020	Bonnie Hayner	19 Putnam Rd Arlington MA 02474	100 Buttons from Connolly Printing	110	
Feb 22, 2020	Bonnie Hayner	19 Putnam Rd Arlington MA 02474	100 Volunteer Sheets from Staples, Cambridge MA	86.22	
2/28/2020	Connolly Printing	178 Gill St Woburn MA 01810	50 Sign Wires	66.44	
May 13, 2020	Connolly Printing	178 Gill St Woburn MA 01810	7104 postcards	3,954.68	
May 21, 2020	US Postal Office	Court St Arlington MA 02476	20 postcard stamps + 100 letter stamps	62	
				2020	
			17 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NY 23 25	
	·	,	3 1 0 5 1 0	9 8 15	
		Line 12: Total Expenditures o	ver \$50 (or listed above)	5,741.31	
Line 13: Total Expenditures \$50 and under* (not listed above)				0	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				5,741.31	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$	50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Feb 22, 2020	Janice A Weber	29 Crescent Hill Rd Arlington MA 02474	Jimmy's Steer House Gift Card for Door Prize	50
				4
			70.7	95 (2) 295 (2) 20 (2) 20 (2)
			c. C.	
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	50
			ns \$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
2/13/2020	Janice A Weber	19 Crescent Hill Ave; Arlington MA 02474	Loan	500
			Value of the second of the sec	
				S
A CONTROL OF THE PARTY OF THE P				
		I in 19. TOTAL OUTST	ANDING LIABILITIES (ALL)	

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## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 2/27/2020					
Name of Individual Being Reimbursed: Bonnie Hayner					
Committee Nam	e:	Janice Webe	er for Town Clerk		
CPF ID Number	(if applicable):		Telephone N	fumber (optional):	
		ITEMIZ	LE EXPENDITURES IN EXCESS	S OF \$50	
Date Paid	Vendor Na	me	Vendor Address	Purpose of Expenditure	Amount
Feb 27, 2020	Connolly Printing		178 Gill St Woburn MA 01801	100 Buttons	\$110.00
Feb 27, 2020	Staples 186 Alewife E Cambridge, MA 0213		Staples 186 Alewife Brook Pkwy, Cambridge, MA 02138	100 Volunteer Sheets	\$86.22
	(Include items listed o	on Page 2) →	Line 1: Expenditures in excess of	\$50 (itemized above):	196.22
			Line 2: Expenditures \$50 or under	r (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED: 196.22					
Signed under the penalties of perjury:					
	Signature of Candidate / Treasurer  Date: 5-28-2020				

Please prepare a separate report for each reimbursement check issued by the committee.